POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	/	45	12/1
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SA	68966 5/	1-9-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
1					51				101	
2					52				102	
3					53				103	
4					54				104	
5					55				105	
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7					57				107	
8					58				108	
9					59				109	
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11					61				111	
12					62				112	
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43					93				143	
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45					95				145	
46					96				146	
47					97				147	
48					98				148	
49					99				149	
50					100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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